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PATENT
Atty. Docket No. 020184-000100US

TOWNSEND and TOWNSEND and CREW LLP

By: 
Cindy Burnett

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In re application of:

SOREN VANG ANDRSEN et al.

Application No.: 09/498,398

Filed: February 4, 2000

For: METHOD AND ARRANGEMENT
IN A COMMUNICATION SYSTEM

Customer No.: 20350

Confirmation No.: 8774

Examiner: Armstrong, Angela A.

Technology Center/Art Unit: 2654

AMENDMENT

MAIL STOP: Non-Fee Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

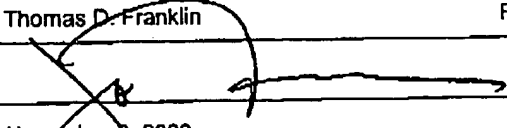
In response to the Office Action mailed August 15, 2003, please enter the following amendments and remarks:

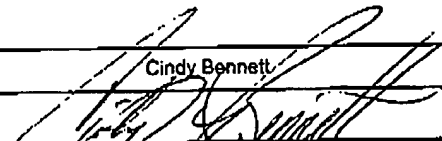
Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 9 of this paper.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/498,398
		Filing Date	February 4, 2000
		First Named Inventor	Andersen, Soren V.
		Art Unit	2654
		Examiner Name	Armstrong, Angela A.
Total Number of Pages in This Submission	16	Attorney Docket Number	020184-000100US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual	Townsend and Townsend and Crew LLP Thomas D. Franklin	Reg. No. 43,616
Signature		
Date	November 3, 2003	

CERTIFICATE OF MAILING		
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